ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION PUBLIC COMPLAINT FORM

NOTE: Should you need assistance in completing this form, please contact the DFA Human Resources Section at (501) 324-9063. NAME: _____ SOCIAL SECURITY OR DRIVER'S LICENSE NUMBER: CITY: _____ STATE: ____ ZIP CODE: ____ OFFICE EMPLOYED/APPLYING: **HOME PHONE:** () _____ **WORK PHONE:** () _____ **DESCRIBE COMPLAINT IN DETAIL:** (See back of form for additional space.)

Date

Signature of Complainant or his/her agent